

**MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Behavioral Health Division



**2011 PROVIDER APPLICATION**  
**Recovery Support Services**  
**Alcohol and Other Drug Abuse Services Provider Network**

Issued September 2010

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***PART I:***

***PROGRAM  
DESCRIPTION AND  
REQUIREMENTS***

## A. INTRODUCTION

### PURPOSE OF THIS APPLICATION

The Milwaukee County Behavioral Health Division (BHD) is inviting providers who wish to provide **Recovery Support Services (RSS) for Alcohol & Other Drug Abuse (AODA)** to the target population to submit applications to join the AODA Services Provider Network. **This includes both clinical treatment and ancillary support services.** BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as childcare, pre-employment, education/training, parenting assistance, and spiritual support. BHD will enter into fee-for-service (voucher) agreements with selected applicants to provide these services. The duration of the initial agreement will be from date of signing through **12/31/2011.**

### VISION STATEMENT AND VALUES MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

#### Vision Statement

**The Milwaukee County Behavioral Health Division will be a premier system of mental health and alcohol and other drug abuse disorders in the State of Wisconsin. It will ensure that individuals and families who have behavioral health needs strive to function at optimal levels of physical and mental health and that they are full and equal members of the community. As such, the Division shall provide individuals who have behavioral health needs the support and means to pursue success in the ways they choose to live, learn, love, work and play because:**

Our vision is for a behavioral health system that recognizes the partnership with clients, providers and the community and the accountability to its stakeholders for the effective development and efficient use of resources.

Our vision is for a recovery oriented behavioral health system that focuses on the rebuilding of full productive lives for children, adults and their families, and supports a full spectrum of services including primary prevention and early intervention.

Our vision is for a behavioral health system that attracts, retains, and supports employees/other service providers who are competent and provide excellent quality, culturally and linguistically relevant behavioral health treatment and support services.

Our vision is for a behavioral health system that acknowledges the abundance and limitations of our human and financial resources and commits to responsible stewardship of its resources.

Our vision is for clients and families to be equal stakeholders in service system governance, planning and delivery.

Our vision is for a behavioral health system where every client has access to strengths-based, individualized and integrated services that promote health and recovery.

Our vision is for a behavioral health system where cultural, ethnic and providers and clients value socioeconomic diversity.

Our vision is for a behavioral health system where strategies to eradicate stigma, including education of clients, family members, providers and the Milwaukee County community, are implemented and effective.

Our vision is for behavioral health services and supports to be community based and not institution based; when residential treatment or hospitalization is accessed, those services will be used as resources and not as placements.

Our vision is for a behavioral health system that can measure its success in the care of children and adults by establishing and producing clear, quantifiable outcomes.

# **MISSION STATEMENT**

“The Milwaukee County Behavioral Health Division: For the empowerment and recovery of all with mental health and substance abuse treatment needs in our community.”

## ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

In 1999, as a response to the large number of families who were involved in the welfare reform, child welfare, and AODA/Mental Health Treatment systems, the Wisconsin Department of Health and Family Services (DHFS) and the Wisconsin Department of Workforce Development (DWD), in collaboration with the Milwaukee County Department of Health and Human Services (DHHS), launched the Milwaukee Family Services Coordination Initiative (MFSCI). The impetus for the year-long (October 1, 1999 – September 30, 2000) Initiative was the realization that the multiple needs of these families were not being adequately addressed, at least in part due to the lack of coordination among the systems with which they were involved (The Management Group, 2000). The intent of MFSCI was to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems. The premise of the Initiative was that outcomes for families could be improved through cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, utilizing a family centered, strength-based, gender/culturally-responsive approach.

The Steering Committee for the project included clients, representative from the Governor's Office, key administrators from DHFS, DWD, the Department of Corrections, and the Medicaid HMOs; the Director of Milwaukee County DHS; and the Milwaukee County Board Chair. The Initiative outlined a set of **core values**, developed through a series of focus groups that included participation by clients, and system representatives at various levels of authority to use as guidelines for service delivery for families and to promote improved outcomes. BHD has adopted these core values.

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the clients themselves. A family may include extended family members, significant others, or persons who function as natural supports in the context of that family. A family may include a non-custodial parent. Families are treated with dignity and respect, regarded as a resource in the treatment process, assisted to build on identified strengths to enhance control and independence, and valued as participants in all aspects of planning and evaluating the service delivery process. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Client Involvement: The client's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Clients and their families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the client's family, relatives, neighbors, friends, faith community, co-workers or anyone the client would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based planning builds on the clients and their families unique qualities and identified strengths that can then be used to support strategies to meet their needs. Strengths should also be found in clients' environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as clients and families' initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for clients and their families, not that we will care "if." It means that it is the responsibility of the Recovery Team to adapt to the needs of the client - not of the client to

adapt to the needs of a program. We will coordinate services and supports for the client and family that we would hope would be done for us. If difficulties arise, the individualized services and supports change to meet the needs of clients and their families.

- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with clients and their families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the client have an understanding of each other's programs and a commitment and willingness to work together to assist the clients and their families to obtain their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: A Recovery Team consists of a group of people, in addition to the client, who represent a blend of formal and informal resources (professionals and other) who make up the client/family support network. The team functions with the client and family in an interactive process to develop a plan, based on client/family strengths, values and preferences that will lead to favorable outcomes. Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of the team members.
- H. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- I. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to each client's cultural background, gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. These understandings are then incorporated into the programming. Programs for women must include specific components that address their issues and reflect current research indicating effective treatment components for women, i.e., to include, but not limited to: victimization histories, domestic violence/relationship dynamics, parenting, self-esteem, and educational needs.
- J. Self-sufficiency: Individuals and families will be supported in achieving self-sufficiency in essential life domains, to include family, social, educational, vocational, financial, housing, financial, psychological, emotional and spiritual domains.
- K. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. BHD clients who also participate in W-2 should have their AODA treatment indicated on their Employability Plan (EP).
- L. Belief in Growth, Learning and Recovery: Client and family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every client and their family desire change and can take steps toward attaining a productive and self-sufficient life.
- M. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in

defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

### ***AODA Program Goals***

- (1) To achieve improved outcomes by meeting the special needs of eligible individuals and families who experience problems resulting from alcohol or other drug abuse by providing intervention, treatment, and support services that are gender and culturally responsive.
- (2) To target eligible individuals and families who may be involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- (3) To ensure the provision of recovery support services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- (4) To develop a system that reinforces the empowerment of individuals and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- (5) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with individuals and families and are from different systems in order to achieve positive individual/family outcomes.

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these service agreements.

## **B. BACKGROUND**

### **Access to Recovery**

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. ATR is characterized by:

- **Client Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most.
- **Outcome Oriented.** Success will be measured by outcomes, principally abstinence from drugs and alcohol, and including attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** ATR will expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services. This expansion of services will occur gradually as the AODA Redesign implementation progresses.



## **Wiser Choice**

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for **the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice)** program.

Wiser Choice intends to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of ancillary recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The State of Wisconsin selected Milwaukee County Behavioral Health Division (BHD) to serve as the contracted project management agency for Wiser Choice. BHD will develop and maintain all provider agreements with recovery support services providers. BHD is integrating the Access to Recovery resources and requirements within its entire redesigned AODA services delivery system. As such, successful applicants will be delivering services to clients from the overall BHD treatment population.

The recommendations set forth by the Redesign Project and the requirements of the Access to Recovery grant have impacted the delivery system design as well as the requirements put forth in these guidelines. As the concept and design for the new system mature, corresponding policies, procedures, expectations, goals and objectives will follow along. The guidelines you are about to review are the most up-to-date view of the system and are subject to changes as the Redesign Implementation advances.

Wisconsin and Milwaukee County applied for the second round of funding for the Federal Access To Recovery (ATR) grant. The ATR grant, along with other funding sources, comprise the total amount of money available for treatment and ancillary services in the Alcohol And Other Drug Abuse (AODA) voucher system in Milwaukee County, commonly referred to as Wiser Choice.

We were officially notified on October 1, 2007 that we received another 3-year ATR grant, in the amount of \$4.83 million per year. We began enrolling clients in the Wiser Choice system on November 5, 2007 due to the availability of these new ATR funds. This amount is less than we had applied for (yet we received the highest ATR award nationally), and almost \$2.5 million less per year than the first ATR grant. There are also different conditions between the two grants, most notably the data collection requirement known as GPRA (Government Performance Results Act).

In the first ATR grant, we had a start up period of approximately 10 months, in which funds were not expended on clinical/ancillary services. We were able to carry over all of these funds from Year 1 of the

grant to Year 2 of the grant, in addition to the Year 2 funding. This almost doubled the amount of ATR funds available in Year 2 of the grant (in addition to other funding sources), which was in calendar year 2006. 2006 experienced an inordinate number of people being served in Wiser Choice, and this continued into the first couple of months in 2007. In the spring of 2007, BHD instituted a ramp down of the system as funds for Years 1 and 2 of the first ATR grant were exhausted, and Year 3 funds could not sustain the number of people receiving services through the end of 2007.

In the current round of ATR funding, this same phenomenon will not reoccur because the system infrastructure is already established, negating an internal start up period. As a result, the Behavioral Health Division (BHD) began instituting a 'cap' on the system to manage funds beginning November 5, 2007. Based on our projections given the amount of available funds and requirements of the ATR grant, we will have caps at each level of care, including Central Intake Unit (CIU) screens entering the system, Recovery Support Coordination (RSC) (a further change between ATR grants is that not every client will receive a RSC), Residential treatment, Recovery House, Day Treatment and Outpatient.

The system cap for all the services identified above will be managed through the BHD Management Information System (MIS). Each level of care will have a ceiling for the maximum number of people open in a particular level of care, as shown in the BHD MIS. For example, the potential cap for open cases in an Outpatient level of care at any point in time is 425. The BHD MIS would be queried to identify all open cases at every outpatient provider to determine how many future cases could be opened to reach the cap of 425. If an outpatient provider has a client on their caseload report who is no longer receiving services funded through Wiser Choice, then the MIS will continue to show the client as occupying one of the outpatient 'slots' until the discharge paperwork is received from the outpatient provider, thus removing the client from the 'slot' and allowing the next person to be admitted to outpatient services. Failure to report discharge information to BHD in a timely manner will delay access to treatment for clients determined to need an outpatient level of care, in addition to preventing the outpatient provider network from generating revenue for open, active cases. This example holds true for all other services identified above as well (i.e. Day Treatment, RSC, etc.), and will govern the waitlist process.

Additionally, the CIUs will eventually be coordinating benefits for clients who present for an AODA screen and are confirmed to be enrolled in Medicaid. Such clients will be referred to Wiser Choice providers that have identified themselves as Medicaid providers. The providers will be required to seek prior authorization from Medicaid and bill Medicaid for covered services (outpatient and day treatment services), per established Medicaid / Medicaid HMO guidelines. Wiser Choice may fund those services not covered by Medicaid, such as RSC, residential and ancillary services, for Medicaid recipients enrolled in Wiser Choice.

Finally, as part of the current ATR grant, we are required to collect GPRA information on each client enrolled in the system. The ATR grant has attached funding for Year 3 of the grant to an 80% compliance rate for collecting and reporting 6-month follow-up GPRA information. ATR grantees that fail to achieve this 80% compliance rate will have a reduction in funding in Year 3 of the grant. While the RSCs and Case Management and After Care Support Specialist(CMASS) will be collecting this information, they must have the cooperation from each provider in maintaining contact with clients in the system and locating clients that have exited the system. **Failure to cooperate with the RSC/CMASS in providing information may result in reduced amount of funds available in Year 3, and a corresponding reduction in the system capacity.**

## **C. PROGRAM DESCRIPTION: Recovery Support Services**

### **Client Eligibility**

Recovery Support Services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria (as specified by BHD) for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit.
- Clients must be in clinical treatment in order to receive ancillary services.

### **Target Population**

Wiser Choice is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
  - a) Incarcerated individuals that are reentering the Milwaukee community from prison and
  - b) Persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized as well as pregnant women.

### **Definition of Recovery Support Services**

BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as child care, pre-employment, education/training, parenting assistance, and spiritual support. See the Wiser Choice Network Services Packet included with this application for a listing of services that BHD intends to purchase. The Behavioral Health Division reserves the right to limit the number of providers for any single service.

AODA clinical treatment includes services to be provided within a specific level of care, as defined by DHS 75 and the American Society of Addiction Medicine. See Exhibit B for a definition of each level of care.

AODA Individual, Group and Family Counseling services will be purchased as a package. A certain number of units will be pre-authorized and agencies will be responsible for provision of a mix of these services at a level that is in agreement with the client's needs, as documented in the treatment plan.

### **Client Choice of Providers**

Clients access Recovery Support Services by going to a BHD-contracted Central Intake Unit, completing an intake process, which includes funding eligibility and treatment appropriateness determination, and a comprehensive screening to identify clinical and other recovery-related needs. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more network providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection."

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Clinical Treatment and Recovery Support Coordination providers from which to choose. The CIU will also assist the client to choose a provider for any ancillary recovery support service needed on an emergency or urgent basis. Any further services needed by the client subsequent to the intake process will be accessed with the help of the Recovery Support Coordinator.

To enhance informed choice, the CIU and Recovery Support Coordinator will make available to the client, for each provider, a Provider Profile that will offer information about the provider's services. (At some point in the future development of the AODA Services System, the Provider Profile will incorporate a Provider Score Card containing information about the provider's performance.)

## **D. REQUIREMENTS OF AODA SERVICES NETWORK PROVIDERS**

- 1. INSURANCE** - Providers must provide proof of insurance in the types and limits set forth as follows:

Section Twelve (12) of the Fee-for-Service Agreement (which must be entered into by the Provider and the Milwaukee County Behavioral Health Division before services can be provided) indicates that the Provider agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, malpractice, errors and omissions, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board members and volunteers. Such evidence shall include insurances covering Workers' Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability, Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in this Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of Provider will use its personal vehicles to transport Purchaser participants/service recipients, or **for any other purpose related to this Agreement, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Provider** through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Provider.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers (including psychiatrists, psychologists, social workers, counselors) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements may result in suspension:

<b>TYPE OF COVERAGE</b>	<b>MINIMUM LIMITS</b>
<b><u>Wisconsin Workers' Compensation</u></b>	Statutory or Proof of all States Coverage
<b><u>Employer's Liability</u></b>	\$100,000/\$500,000/\$100,000
<b><u>Commercial General and/or Business Owner's Liability</u></b>	

Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence  \$1,000,000 - General Aggregate
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### **Automobile Liability**

Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or hired Uninsured Motorists	\$1,000,000 Per Accident  Per Wisconsin Requirements
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### **Professional Liability**

To include Certified/Licensed Mental Health and AODA Clinics and Providers and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate  As required by State Statute Wisconsin Patient Compensation Fund Statute
Any non-qualified Provider under Sec 655 Wisconsin Occurrence/Claim Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per  \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$2,000,000 Annual aggregate or Statutory limits whichever is higher

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Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County must be named as an “**additional insured**” endorsement, for general liability, automobile insurance, and umbrella/excess insurance.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

Milwaukee County Department of Health and Human Services will be named as a “**Certificate Holder**” throughout the duration of the Fee-for-Service-Agreement.

2. **STATE LICENSES/CERTIFICATIONS** – See Exhibit A for information about licensure and certification requirements for each service. Include a copy of the State program certification for each certified program that your agency operates. State certification for each individual provider must be maintained on site and available for audit purposes. Residential programs require a Community Based Residential Facility (CBRF) license for each site.
3. **DRIVER’S LICENSES** - Providers of services requiring a Wisconsin Driver’s License must call 608-266-2353 to acquire a Department of Motor Vehicle driving abstract. Adherence to this requirement will verify that all employees of the agency providing services have a valid driver’s license. (This number can be called from 6:00 a.m. to 12 Midnight, seven days per week, including holidays. Abstracts ordered before 4:30 p.m. are produced that night and mailed the next workday.

Abstracts ordered on weekends, holidays or after 4:30 p.m. weeknights are produced the evening of the next workday.) Agencies are to maintain current automobile insurance verification of all drivers on file at their agency.

4. **CRIMINAL BACKGROUND CHECKS** - Provider shall conduct background checks at its own expense on all Direct Service Providers (to include employees, contract staff, or volunteers) who provide direct care and services to Wiser Choice clients. Provider agrees to conduct statewide criminal background checks for any additional personnel who have any contact with or access to Wiser Choice clients and/or client records. If a staff was convicted of any crime, a copy of the criminal background check showing the conviction and the disposition must be included with the Provider's application. If the individual has been in Wisconsin for less than three years, a federal background check is required. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://dhs.wisconsin.gov/caregiver/INDEX.HTM>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution entitled "Provisions of Resolution Requiring Background Checks on Department of Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth (Refer to attached document)." (Refer to 2006 Provider Application Recovery Support Services AODA Services Provider Network).

**Documents required by Milwaukee County Behavioral Health Division for Contractual and Fee for Service Agreement Compliance:** (These forms must be maintained in the Provider's employee files and must be completed **before** the Direct Service Provider is authorized to provide services).

- **Background Information Disclosure** – Providers are required to have this form completed and signed by all employees *at the time of hire and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. The BID form (HFS 64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions.
- **Department of Justice Crime Information Bureau** – This is one of 2 forms that are produced as a result of a "Caregiver-general" criminal history check conducted through the Department of Justice. The website for on-line criminal background clearings is <http://www.doj.state.wi.us/dles/cib/crimback.asp> and you click on the link: Wisconsin Online Criminal History Record Check. This form must be completed *at the time of hire and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. This is a comprehensive list of all charges and convictions related to an individual in the State of Wisconsin. This report is sufficient for any individual who has resided in the State of Wisconsin for the previous 3 years. For anyone who has resided in Wisconsin for less than 3 years, criminal history information must be obtained for any and all states of residency within the last 3 years. Contact information for the other states can be found at: [www.doj.state.wi.us/dles/cib/sclist.asp](http://www.doj.state.wi.us/dles/cib/sclist.asp)
- **Department of Health and Family Services / Response to Caregiver Background Check** – This is one of 2 forms that are produced as a result of a "Caregiver-general" criminal history check conducted through the Department of Justice. This form must be completed *at the time of hire and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. This is a comprehensive list of caregiver findings of abuse or neglect of a client, misappropriation of a client's property, denials or revocations of operating licenses for adult and child programs, and any rehabilitation review findings. Any employee who has been charged with a finding of caregiver misconduct or a criminal conviction specified on the listing of barred crimes and offenses, is required to complete a Rehabilitation Review with the Department of Health and

Family Services prior to the approval to work with clients through a contract or fee for service agreement with the Milwaukee County Behavioral Health Division. This can be done by completing and signing a Rehabilitation Review Application form EXS-263 at <http://dhs.wisconsin.gov/forms/F8/F83263.pdf> with attachments and submitting them to the Office of Legal Counsel, DHFS. Please contact the Department of Health and Family Services for more information regarding the Rehabilitation Review Process.

5. **REFERRALS** – Because clients choose their own providers from the network, Milwaukee County will not guarantee a specific volume of referrals for any provider in the AODA Services Provider Network. Marketing of services is the sole responsibility of the Provider.
6. **RATES FOR SERVICES** – For all Wiser Choice network services, a unit rate has been established for the service. All programs served in the AODA Services Provider Network pay vendors based on the vendor's actual invoice. Rates for services submitted and approved will be in effect this calendar year and/or until amended and approved by BHD.

Clinical treatment Providers of day treatment, intensive outpatient and outpatient services are allowed to bill up to 1 hour of additional units of service to cover completion of the clinical assessment (in accordance with DHS 75) during the first appointment with the client. In addition, these same providers are allowed to bill up to 2 hours of additional units of service to cover the time spent attending Recovery Support Team meetings. In addition, Ancillary Providers are allowed to bill up to 2 hours of additional units of service to cover the time spent attending Recovery Support Team meetings. (See Item 12, below).

7. **PRIOR AUTHORIZATION** –For the Wiser Choice program, after a client has made an informed choice of Provider, the Central Intake Unit staff or Recovery Support Coordinator (RSC) will submit an authorization request to BHD for approval. This is called an initial request. If the request is supported by the information in the comprehensive screen completed by the CIU or the Single Coordinated Care Plan completed by the RSC and if resources are available, BHD will approve the request, thus creating a prior authorization. Clinical Treatment Providers are required to return the “Provider Feedback Form” to the originating Central Intake Unit (or Wait List Manager, for wait listed clients) for initial clinical services within 24 hours of intake appointment in order to validate the initial authorization request. Failure to return the form within this time frame will result in negating the initial authorization request and denial of payment by BHD. Services provided without prior authorization will not be reimbursed by BHD. Authorizations will be for a particular service or group of services and a specific number of units and time period. As units are used up, Providers are required to work with a client's Recovery Support Coordinator and in compliance with the rules of HFS 75, to determine when to submit a request for additional units or time or a change in level of care. BHD will approve or deny these re-authorization requests using the same criteria as for initial requests.

It is the Provider's responsibility to submit a request for transfer or extension of service at least 2 weeks, but not more than 3 weeks, before the authorization lapse date or expiration of units through the RSC agency or to BHD directly if the client does not have an RSC.

1. The RSC agency will submit a SAR to BHD within two business days of receiving the ASAM from the clinical treatment provider following the team meeting. If the client has a CM, the clinical treatment provider will submit the SAR and ASAM directly to BHD.
2. If the SAR is incomplete or outdated (i.e. the information contained in the SAR is older than 30 days at the time of submission), then BHD shall return the SAR to the RSC agency (for CM clients the SAR would be returned to the clinical treatment provider), within three business days of receipt by BHD.

3. The Provider may contact BHD one week prior to the authorization lapse date to inquire about the status of the request.
4. Failure to follow these timelines may result in a lapsed period of authorization for which services will not be reimbursable.

Emergent/urgent cases in Dimensions 1, 2, or 3 of the ASAM must be referred to the appropriate emergency provider (i.e. detoxification, emergency room, or Psychiatric Crisis Services).

Emergent/urgent cases in other Dimensions of the ASAM shall follow the process outlined above. The Provider may provide additional clinical supports within the limits of the existing authorization to the client until the SAR is processed and a final determination is rendered.

- a. The RSC may request additional ancillary services and notify BHD by writing “URGENT” on the request for ancillary services to mitigate the emergent/urgent needs of the client as the SAR is processed.

Clinical Providers will be notified by BHD of both approvals and denials through the “Authorization View” advisement that is faxed to the Provider the same day a decision is rendered. The Provider has two business days to submit clarifying documentation to the BHD Administrative Coordinator identified on the “Authorization View” advisement. Documentation submitted after two business days will not be considered. BHD will reconsider requests within three business days of receipt of additional documentation and notify the provider of the final decision through the “Authorization View” advisement. The Provider is not authorized to render new services for reimbursement during the review process.

Ancillary Providers will be notified by BHD of both approvals and denials through the “Authorization View” advisement that is faxed to the Provider the same day a decision is rendered. There is no review process for denials of ancillary services. A SAR may be resubmitted if the updated Single Coordinated Care Plan supports the requested service. (Refer to 2006 Provider Application Recovery Support Services AODA Services Provider Network and BHD/SAIL Memo dated August 9, 2006 titled Authorization and Billing).

8. **BILLING** – All providers will record detailed service information in CMHC (BHD’s primary information system). **Providers may only provide and bill for those services that have prior authorization, and for services actually provided. Providers may not bill for services to a client prior to the service being provided.** Providers are not allowed to bill for phone calls to clients, family members, Recovery Support Coordinators, etc. Providers are not allowed to bill for clients that are a No Show. Providers are not allowed to bill for services for a client while they are incarcerated. In order to receive payment, providers must enter billing into CMHC within the timelines prescribed by BHD. Providers are required to enter billing within 60 days following the last day of the month in which the service was rendered, for which there is a valid prior authorization, to obtain reimbursement from BHD. Failure to enter billing within 60 days following the last day of the month in which the service was rendered, will result in the billing being denied for payment. BHD will not reimburse any Provider for billing entered after 60 days following the last day of the month the service was rendered.
9. **DISCHARGE** – When a client leaves a Provider’s service, whether it is a planned or unplanned discharge, Provider agencies will be responsible for timely reporting of service completion information (date, reason for closure and level of improvement) **within one business day** of discharge to BHD and the client’s Recovery Support Coordinator or Case Management staff person. For Wiser Choice Providers, this involves completing the Discharge and Follow Up Form. This **does** include clients in the Intoxicated Driver Program (IDP). Discharge forms can be faxed to SAIL at 414-257-8198. It is important that providers have ongoing communication with the client’s Recovery



Support Coordinator. When a client is disenrolled from Wiser Choice by the RSC, all authorizations for all services- both ancillary and clinical are stopped, even though the Provider may have received a prior authorization from BHD for a different end date.

- 10. AUDITING** — Participation in the SAIL Services Community Services Programs constitutes the Provider's approval to allow authorized representatives of the Milwaukee County Health and Human Services Department to have access to all records necessary to confirm the provision of services by the Provider in accordance with audit procedures. Audits may occur on an announced OR unannounced basis. If the Provider is undergoing an audit by the Milwaukee County Health and Human Services Department, the Provider may not add new services during this audit period. Suspension of new referrals to the agency may occur during the audit period and this is up to the discretion of Contract Administration and the SAIL Program Manager.
- 11. DEBARMENT** – If your agency has been debarred by any Court or governmental agency, you must disclose the circumstances in writing as part of your application. Failure to disclose may lead to removal from the Network.
- 12. COORDINATION OF SERVICES** – All Providers of services are required to coordinate the care of each of the Purchaser participants/service recipients with other Providers of care to the client. For the Wiser Choice Program, each Provider shall cooperate with the efforts of each client's Recovery Support Coordinator (RSC) to coordinate the delivery of the services contained in the Single Coordinated Care Plan (SCCP) or the completion of the GPRA (Government Performance and Results Act) interview. Collaboration includes membership on the client's Recovery Support Team and attendance at Team meetings, as needed. The Recovery Support Team consists of both formal and informal/natural supports. Formal supports include representatives from each system with which the client and family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.), as well as each of the client's recovery support service providers. Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve the goals of the SCCP, which incorporates all the goals of the client as well as the requirements, resources, and contributions of each Team member. Each Provider shall cooperate with the efforts of each client's Case Management (CM) in the completion of the GPRA (Government Performance and Results Act) interview. Client's with a CM will not have team meetings or SCCPs, but Providers should contact the CM/CM agency when client's contact information changes, when clients begin and end treatment, and must return any phone calls the CM may make to the Provider inquiring on the client's status at their agency, within 24 hours of receipt of the phone call. Failure to comply will result in progressive sanctions including placement on conditional status, suspension of new referrals and/or removal from the Wiser Choice Provider Network. Providers, both Clinical and Ancillary, may bill up to 2 hours for attending a client's Team meeting.
- 13. MAXIMIZATION OF FUNDING RESOURCES** - Providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, private insurance, other publicly-funded systems) that fund services they provide to AODA clients.
- 14. CONFIDENTIALITY/PRIVACY** - The Provider agency and its staff must have a thorough understanding of policies/procedures to comply with Wisconsin Patient Rights and Confidentiality regulations in Wisconsin Administrative Code HFS 92, the Code of Federal Regulations, 42 CFR, Chapter One, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).
- 15. NON-DISCRIMINATION IN DELIVERY OF SERVICES**

**Pursuant to Title VI of the Federal Civil Rights Act of 1964**

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

**Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)**

No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

- 16. CIVIL RIGHTS COMPLIANCE PLAN** - Provider certifies that it will comply with the provisions of the *CRCP for Profit and Non-Profit Entities* subtitled Affirmative Action, Equal Opportunity and Limited English Proficiency Plan (online at [http://dcf.wisconsin.gov/civil\\_rights/plans\\_instructions.htm](http://dcf.wisconsin.gov/civil_rights/plans_instructions.htm))

Consistent with the requirements of the U.S. Department of Health and Human Services, the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), **Providers with 25 Employees** AND any combination of funding in the amount of \$25,000 or more from Purchaser and/or the State are required to complete and submit a copy of a Civil Rights Compliance Plan (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) plans prior to execution of this Agreement **or** Provider may submit a copy of the State approval letter to Purchaser in lieu of the CRCP.

Providers with direct State contracts with DWD or DHFS with **fewer than 25 employees**, or Providers receiving less than \$25,000 in direct State funding are required to complete and submit a copy of the Letter of Assurance with Milwaukee County, which includes the appropriate attachments as specified on the Department of Workforce Development listed above.

**(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet included in Exhibit E – for questions, please call Jeff Aikin at 289-6055).**

- 17. QUALITY ASSURANCE** - Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all BHD requirements related to billing reports, treatment delivery, certification/licensure requirements, and all issued policies/procedures. Quality Assurance monitors and reviews the programs of providers of AODA and Mental Health Services that receive Milwaukee County funding by completing on-site reviews and client interviews. Quality Assurance staff will be conducting periodic announced and unannounced reviews of Providers. These reviews will consist of examining all phases of an agency's operations including client records, treatment services, staffing patterns, billing and office operations, and the physical facility. Telephone, face to face, and mail contacts will be made with current and former clients regarding their satisfaction with treatment services. Results of the Quality Assurance review will be discussed with the Provider and a summary report will be sent to the Provider.

## **18. INFORMATION SYSTEM REQUIREMENTS**

The Provider will have the sufficient technological capacity to adapt agency data systems as necessary to accommodate any and all changes to data reporting requirements by BHD. Should modifications to these requirements be necessary, the provider will comply within 90 days of written notification. Failure to comply with reporting requirements will result in withholding of payment. The Provider will be required to report all necessary information in a timely manner consistent with the needs of BHD. As BHD requires Provider agencies to access BHD's information system via the Internet to report services, Providers need to meet the minimum computer hardware and software standards as determined by both BHD and Milwaukee County Information Management Services Division. BHD will survey the agency for specifications needed and readiness to access the system.

At present, these specifications require that all personal computer equipment should be at least:

- Pentium III 550 MHz processor
- 128 MB of memory
- CD-ROM drive or access to a network CD-ROM for installation
- Minimum of 300 MB of free disk space for installation and working space during processing
- 800 x 600 SVGA display with 256 colors and 16MB of video RAM
- Parallel port, TCP/IP Ethernet connection of 10BT
- At least a 14" color monitor capable of SVGA display
- Windows 2000 Professional or Windows XP Professional
- Microsoft Internet Explorer 6.0 or higher

Providers are required to make broadband access to the Internet available to staff members as necessary and to obtain communication software necessary, i.e., File Transfer Protocol (FTP), to access BHD's primary information system.

***PART II:***

***APPLICATION AND  
INSTRUCTIONS***

## APPLICATION INSTRUCTIONS

1. **APPLICATION PROCESS** - All applications must be completed entirely. Incomplete applications will be returned. First time new provider applicants are subject to a site inspection. Agency directors or their designee will be required to attend a Fiscal and Procedural Orientation for New Providers within one month of being approved for the Network. No services may be provided by an agency without the written approval of BHD or Central Intake Unit staff. Agencies providing services without such approval will not be paid.
2. **SERVICES & DIRECT SERVICE PROVIDERS** – List all services to be provided by service code under “Requested Contracted Services” on the Provider Application (See Exhibit A – Recovery Support Services.)

3. **EXHIBITS** - Please consult the following Exhibits when completing the application:

EXHIBIT A      **Licensure/Certification Requirements** – Use this table, in conjunction with Exhibit A, to determine the appropriate credentials to be submitted along with the application.

EXHIBIT B      **Level of Care Definitions** – Describes AODA clinical treatment levels of care and HFS 75 requirements for certification.

EXHIBIT C      **Equal Employment Opportunity Requirements and Forms** – Complete the forms included in this exhibit and attach them to the application.

EXHIBIT D      **Civil Rights Compliance Plan** – Refer to this exhibit when documenting the required civil rights compliance plan.

4. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded an agreement, the application material submitted is placed in an agency master file; it becomes part of the agreement with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the application process is completed and an agreement is fully executed. Prior to the granting of agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that are not approved will be discarded.

**6. APPLICATIONS MAY BE MAILED OR DELIVERED TO:**

Milwaukee County Department of Health and Human Services  
Behavioral Health Division  
**ATTN. Rochelle Landingham**  
**Contract Services Coordinator, SAIL Program**  
9201 Watertown Plank Road  
Milwaukee, WI 53226

For additional information regarding the RFA process, please contact Rochelle Landingham, 257-7337

**The following is a list of items to be submitted:**

The submission of items in rows with an “X” in the columns under the filing status of your application are required as part of the application.

	New Applicants	Current BHD Providers
1. 2011 Provider Application Form	X	X
2. Certification Statement - Resolution Regarding Background Checks	X	X
3. Civil Rights Compliance Plan	X	
4. Copy of each relevant DHS 75 Certificate (Per Exhibit B)	X	X
5. Equal Employment Opportunity Certificate & Policy Statement	X	X

# Alcohol and Other Drug Abuse Services Provider Network

## 2011 PROVIDER APPLICATION

### Agency Information

Agency Name: \_\_\_\_\_ Vendor # \_\_\_\_\_

Office Use Only

☐ Sole Provider   ☐ Partnership   ☐ Corporation   ☐ Service Corp.   ☐ Profit   ☐ Non-Profit

When was your agency or organization established? (Month/Year) \_\_\_\_\_

Agency Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*\*All agencies must have an established e-mail account—PLEASE TYPE—or print plainly\*\***

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail payments to (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Income Tax Purposes, Agency Providers please provide:

Federal Employer Tax ID Number \_\_\_\_\_

State Employer Tax ID Number \_\_\_\_\_

Is your agency Medicaid certified?   ☐ Yes   ☐ No   also specify Medicaid HMO affiliation(s): \_\_\_\_\_

If yes, list Medicaid provider number for each certified program:

Certified Program	Provider Number

#### MINORITY OR DISADVANTAGED VENDOR

☐ Yes   ☐ No

(Check all that apply)

##### Minority Vendor

- ☐ At least 51% of the Board Directors are minorities
- ☐ Organization is owned and operated by at least 51% minorities

##### Disadvantaged Vendor

- ☐ At least 51% of the Board of Directors are women
- ☐ Organization is owned and operated by at least 51% women

Please check any HFS 75 program certifications that your agency has. Please include copies of all such program certifications with the application.

- ☐ 75.04 Prevention service
- ☐ 75.05 Emergency outpatient service
- ☐ 75.06 Medically managed inpatient detoxification service
- ☐ 75.07 Medically monitored residential detoxification service
- ☐ 75.08 Ancillary detoxification service
- ☐ 75.09 Residential intoxication monitoring service
- ☐ 75.10 Medically managed inpatient treatment service
- ☐ 75.11 Medically monitored treatment service
- ☐ 75.12 Day treatment service
- ☐ 75.13 Outpatient treatment service
- ☐ 75.14 Transitional residential treatment service
- ☐ 75.15 Narcotic treatment service for opiate addiction

**FAITH-BASED ORGANIZATION:** ☐ Yes ☐ No If “Yes,” check the following definition of a faith-based organization that best fits your organization:

- ☐ a religious congregation (church, mosque, synagogue, or temple); or
- ☐ an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- ☐ a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- ☐ a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

Denominational Affiliation: \_\_\_\_\_

## Provider Profile

**PROVIDER PROFILE**—Please write a concise description of your agency that can be used to help clients make an informed choice of service providers. This should include such things as the programs offered, services designed for specific target populations, and unique or unusual features that might be of interest to some clients. Add another page, if necessary. This information will be published in the Wiser Choice Provider Directory.



## Site Information

<p style="text-align: center;"><b>BUSINESS ASSESSMENT PROSPECTIVE VENDORS AODA SERVICES PROVIDER NETWORK</b></p>
--

**TO BE COMPLETED BY NEW VENDORS ONLY:** On a separate sheet of paper, please attach to this form a general overall assessment of your business practices corresponding to the following areas. Please address each question briefly. If a topic does not pertain to your type of business, please indicate so by writing “N/A” in your narrative. (For example, a mentoring or transport agency will not have clinical documentation as part of its recordkeeping responsibilities.)

**I. BILLING/FISCAL RECORDKEEPING**

1. Who is responsible for managing the books, doing your billing, doing your payroll?
2. What type of background/training does this person have?
3. How many years of experience do they have in this type of work?
4. What type of billing monitoring system is being utilized, i.e. – Any special software program being utilized? Are the books kept manually?

**II. SCREENING OF EMPLOYEES**

1. Who will be responsible for screening/interviewing all individuals and assuring that background checks are completed and acceptable?
2. Does the agency have a screening/interview tool/process in place?
3. What will be the procedure for maintaining personnel files?

**III. LICENSURE REQUIREMENTS**

1. Who will be responsible for assuring that all applicable individual licenses/certifications/diplomas (both professional licenses/certifications/diplomas and driver’s licenses) and agency licenses/certifications are on file?
2. Is there some type of tracking system set up to assure that the licenses/certifications that are on file are always current?

**IV. CLINICAL DOCUMENTATION/FILES**

1. Who will provide ongoing monitoring of documentation/progress notes?
2. What type of background/training does this person have which would enable them to sufficiently perform this job, i.e. –If you are reviewing/approving/monitoring clinical/professional documentation the person doing the monitoring/reviewing should have clinical experience and expertise in that area.
3. Who will check that the reported employee service hour’s match with the times indicated on the progress notes/documentation?
4. Comment on the maintenance of your client files/charts, i.e. – What do you include in the file? What type of filing system will you use? Where and how are files/charts stored?

## **V. TRAINING**

1. Who will be responsible for any type of training that needs to occur?
2. What qualifies this person(s) to do the training?
3. How will you track who has attended what trainings and the number of hours that that person has accumulated in training time or continuing education credits?

## **VI. EMPLOYEE SUPERVISION**

1. Who will be responsible for disciplinary action/ monitoring the work performance of the employees?
2. What mechanisms/policies/procedures are in place for this?

## **VII. QUALITY ASSURANCE**

1. Any other specific quality assurance mechanisms in place at the agency, i.e. –  
Programmatic and fiscal self-auditing? Client/consumer satisfaction surveys?  
Means/procedure for clients/consumers to complain about services/providers?  
Tracking of any outcomes, etc.

### **Requested Contracted Services**

(See WIsler Choice Network Services Packet)

<b>Service Code</b>	<b>Description</b>

## Licenses & Certifications

Attach a copy of current licenses and/or certifications pertinent to the service(s) to be provided. See Exhibit B regarding license/certification expectations for specific services.

### TRANSPORTATION AGENCIES:

- Provide your Agency Medicaid Provider Number \_\_\_\_\_.
- Attach SMV Certification for medical transportation

## Requirements Specific to Service

### Clinical Services (All Levels of Care)

Attach a narrative addressing the following elements:

- Program Description. Describe what services will be provided to enhance the individual's strengths and meet the identified needs. Explain how those services will be delivered. Describe the process of assessing client needs, developing and updating treatment plans and other components of the treatment process. The description of the service delivery process should reflect knowledge of appropriate state certification (HFS 75) and licensing (HFS 83 for residential programs) rules.

Explain in detail what issues are addressed in individual counseling sessions. Provide a detailed listing of the most common issues that group therapy focuses on. What are the special group topics commonly addressed i.e. gender or cultural issues, family relationships, etc.? Describe what services and treatment a client could receive during the course of treatment for your service. What added services are provided to dual diagnosed clients?

- Staff. Explain the qualifications and experience of staff that will be providing services in this program, including licenses and certifications when appropriate. Describe who will be responsible for supervision and how it will occur.

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Identify the number of **clinical staff** (staff involved in direct service), **by position** in the program and give specific staff to client ratios or caseload per staff statistics. Community based residential facilities must submit a detailed description of how, by staff position, 24-hour coverage will be provided. Agencies that provide services at more than one site must include a description of the staffing pattern, **including clinical FTEs**, for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

**Parenting Classes**

- See Service Description below for all requirements.

**Parent Assistance**

- See Service Description below for all requirements.

**Daily Living Skills**

- See Service Description below for all requirements.

**Community Employment Program**

- See Service Description below for all requirements.

**Education/Academic Skills Development**

- See Service Description below for all requirements.

**After School Activities/Day Care/Respite Care**

- Day Care License (if serving 3 or more through age of 12 at one time)
- Program Description (After School)

## Insurance

Attach Certificate of Liability Insurance. **Note: Milwaukee County must be named as an additional insured under General Liability, Professional Liability and Automobile Insurance.**

## Coordination of Benefits

List HMO's and other insurance you accept: \_\_\_\_\_

---

## Signature

I agree that all information included in this application is true and correct and that I understand and agree to the application information and requirements. I further acknowledge that the information in this application is subject to periodic verification without notice and that any misrepresentation on this form may result in disqualification from participation in the WIser Choice Program, and potentially any other County-affiliated programs, and legal action or fiscal sanctions may be taken as determined appropriate by Milwaukee County or its designated representative(s) in accordance with applicable law, policies.

Provider Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_

### PLEASE RETURN APPLICATION WITH ATTACHMENTS TO:

ROCHELLE LANDINGHAM  
CONTRACT SERVICES COORDINATOR, SAIL/AODA PROGRAM  
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
COMMUNITY SERVICES BRANCH  
9201 WATERTOWN PLANK ROAD  
MILWAUKEE, WI 53226

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
(DHHS)**

**Certification Statement - Resolution Regarding Background Checks on  
Employees of DHHS Contract Agencies and Agencies/Organizations having  
Reimbursable Agreements Providing Direct Services to Children and Youth**

**CERTIFICATION STATEMENT**  
**RESOLUTION REGARDING BACKGROUND CHECKS**

This is to certify that \_\_\_\_\_ has:  
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

\_\_\_\_\_  
(Authorized Signature of Person Completing Form)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contract Administration/nm Rev 5/00

# EXHIBIT A: AODA SERVICES PROVIDER NETWORK

## LICENSURE/CERTIFICATION REQUIREMENTS

**IMPORTANT:** Please note that under several codes/descriptions a variety of professionals may be able to provide that service. These Providers may be independent or associated with an Agency. Some professions may be certified or licensed or have no professional regulations at all. In cases where a certification or license is required, your agency must maintain copies of these on file for audit purposes. If your profession does not certify/license you, then you must maintain a copy of your diploma and verification of hours worked (if applicable).

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
2026	After School Program			X			See Service Description	Day Care License if serving more than 3 at one time
2009	AODA Day Treatment	X	X		X	X	See Service Description	See Application
2010	AODA Family Counseling	X	X		X	X	See Service Description	See Application
2011	AODA Group Counseling	X	X		X	X	See Service Description	See Application
2012	AODA Individual Counseling	X	X		X	X	See Service Description	See Application
2005	AODA Medically Monitored Residential Treatment	X	X	X	X	X	See Service Description	Community Based Residential Facility (CBRF) License
2006	AODA Transitional	X	X	X	X	X	See Service	Community Based



Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
	Residential Treatment						Description	Residential Facility (CBRF) License
2033	Child Care-Daily			X			See Service Description	Day Care License if serving more than 3 at one time
2034	Child Care-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time
2007	Daily Living Skills-Group					X	See Service Description	
2008	Daily Living Skills-Individual					X	See Service Description	
2027	Community Employment					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2055	Education/Academic Skills Development					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2032	Housing Assistance					X	See Service Description	
2063	Parenting Classes					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2058,2059,2109	Spiritual Support – Individual, Family, Group	X					See Service Description	
2020	Methadone	X	X		X	X	See Service Description	See Application
2031	Parent Assistance					X	See Service	

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
							Description	
2054	Work Adjustment Training					X	See Service Description	Established work program (minimum of 5 years)
2035	Respite-Daily	X		X			See Service Description	Day Care License if serving more than 3 at one time
2036	Respite-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time

## Exhibit B: AODA Levels of Care

**Placement Decisions.** The Central Intake Unit performs a comprehensive screening for AODA clinical and ancillary recovery support needs in order to determine if there is a need for AODA treatment and if so, the most appropriate level of care. In addition, other services that may be needed to support recovery are identified.

<b>Milwaukee Level of Care</b>	<b>Description of LOC</b>
Outpatient	Outpatient is a non-residential treatment service totaling less than 12 hours of counseling which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse which ameliorate negative symptoms and restore effective functioning. Services include individual and family therapy, intervention and may include group and family therapy and referral to non-substance abuse services as needed. Must occur over an extended period. Must be certified as a HFS 75.13 outpatient provider.
Intensive Outpatient	An intensive outpatient program is a planned and organized service in which addiction counselors provide several AODA treatment service components to clients. Treatment consists of individual and group sessions within a structured program, with a minimum of 9 treatment hours per week. Includes both morning and evening programs in which patients attend a full spectrum of treatment programming both in and out of their residences. Must be certified as a HFS 75.13 outpatient provider.
Day Treatment	Day treatment is a medically monitored, and non-residential substance abuse treatment service consisting of regularly scheduled sessions of various modalities, such as individual and group counseling, medical management, provided under the supervision of a physician. Services are provided in a structured program, with sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week. Must be certified as a HFS 75.12 day treatment service provider.  ORGANIZATIONAL REQUIREMENTS. A day treatment service may be a stand-alone service or may be located in a facility that includes other services.
Transitional Residential	A transitional residential treatment is a clinically supervised, peer-supported therapeutic community with patient involvement. The service provides substance abuse treatment in the form of counseling, medical management, patient per week, immediate access to peer support through the environment and interaction with staff which may include direct education and monitoring in the areas of personal health and safety, socialization, job readiness, problem resolution counseling, housekeeping and financial management. Must be certified as a HFS 75.14 transitional residential treatment service provider. ORGANIZATIONAL REQUIREMENTS. Before operating or expanding a transitional residential treatment service, a facility shall be approved under ch. HFS 124 as a hospital, licensed under ch. HFS 88 as a nursing home, a residential facility, certified under ch. HFS 82 or licensed under ch. HFS 88 as an adult day care center.
Medically Monitored Residential	Medically monitored residential treatment operates as a 24-hour, community-based service providing medical monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of counseling provided per week for each patient. Must be certified as a HFS 75.11 medically monitored residential treatment service provider.
Methadone	A narcotic treatment service for opiate addiction provides for the management and rehabilitation of narcotic addicts through the use of methadone and a broad range of medical and psychological services, including substance abuse counseling and social services. Methadone, an FDA-approved narcotic, is used to manage the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger and cravings, and the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing treatment.
Co-occurring Biomedically Enhanced Residential Treatment Service	A medically monitored treatment service operates as a 24-hour, community-based service providing medical monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of counseling provided per week for each patient" HFS 75.11(1). Providers of this service must obtain certification from the State of Wisconsin Department of Health and Family Services, with the entire duration of the agreement with Milwaukee County Department of Health and Family Services.

expected that all providers adhere to the requirements established in HFS 75.11, and requirements indicated throughout HFS 75. Co-occurring Biomedically Enhanced Res is equivalent to ASAM Level III.7 Dually Diagnosed Capable Medically Monitored Inter and the availability of support services also can accommodate conjoint treatment of co biomedical and/or emotional, behavioral or cognitive conditions. Individuals who have in Dimensions 2 and/or 3 require use of more intensive staffing patterns and support s required to be certified under HFS 75.11, and comply with the service description for a diagnosed capable program. This includes, but is not limited to, the following: A physio the patient in person within 24 hours of admission and thereafter as medically necessa available through consultation or referral. Such services are available within 8 hours by person. The facility is staffed 24 hours a day by nursing personnel. A registered nurse other drug-focused nursing assessment at the time of admission. An appropriately cre nurse is responsible for monitoring the patient's progress and for medication administr knowledgeable about the biological and psychosocial dimensions of substance dependen and have specialized training in behavior management techniques, and treatment inclu motivational enhancement strategies that are appropriate to the patient's stage of reac

## EXHIBIT C: EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS AND FORMS

The following are the equal opportunity requirements for Purchase of Service contracts, based on Section 56.17 of the County Ordinances and relevant Federal and State laws and regulations.

A. **AFFIRMATIVE ACTION PLAN:** Agencies that have fewer than 10 employees and a Milwaukee County contract are urged to voluntarily develop and keep on file an Affirmative Action Plan and a Civil Rights Compliance Action Plan.

B. **CIVIL RIGHTS COMPLIANCE ACTION PLAN:** Agencies which have a Milwaukee County contract shall have a Civil Rights Compliance Action Plan which ensures that no person shall, on the grounds of race, color, national origin, age, sex, religion, or handicap, be excluded from participation in or be subjected to discrimination in any program or activity funded, in whole or in part, by Federal and State funds.

C. **EEO-1 REPORT:** Applicable to agencies which have a contract of \$50,000 or more and have 50 or more employees.

**ACTION** - An EEO-1 report is to be submitted annually on or before March 31 to the Joint Reporting Committee, P.O. Box 1480, Arlington, Virginia, 22210 (Tel: 703-841-9620); a copy must be sent to the County Contract Compliance Auditor. Form is enclosed for your use if applicable.

D. **EQUAL OPPORTUNITY POLICY STATEMENT:** Applicable to all agencies.

**ACTION** - Sign and post copies on bulletin boards in each facility.

E. **EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE:** Applicable to all agencies.

**ACTION** - Post one in each facility.

F. **EQUAL OPPORTUNITY CLAUSES:** Attached are the equal opportunity

## **AFFIRMATIVE ACTION IN EMPLOYMENT**

### **A. Pursuant to Executive Order 11246, CFR Title 41, Chapter 60**

During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or age. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to the above-named characteristics. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to the above-named characteristics.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or worker's representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 (1c) and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c).
5. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c) and will permit access to his books, records, and accounts by the contracting agency and the Milwaukee County Contract Compliance Program Auditor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further County contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 and such

other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulations, or order of the Secretary of Labor, and/or County Ordinance Section 56.17.

7. The contractor will include the provisions of paragraphs 1 through 7 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, and/or County Ordinance Section 56.17 (1c) so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor or the County Contracting Official as a means of enforcing such provisions including sanctions for noncompliance.

**B. Pursuant to Section 503 or the Rehabilitation Act of 1973 (Handicapped Workers)**

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment or otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Rehabilitation Act of 1973 and/or County Ordinances Section 56.17 (1c).
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act and/or County Ordinances Section 56.17 (1c).
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
5. The contractor will notify each labor union or representative of worker with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1974, and/or County Ordinances Section 56.17 (1c) and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.

6. The contractor will include the provisions of this clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary issued pursuant to action 503 of the Act, and/or County Ordinances Section 56.17 (1c), so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs and the Milwaukee County Contracting Official may direct to enforce such provisions, including action for noncompliance.



**YEAR 2011 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE  
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify). (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the fore stated requirements, it shall be his responsibility to show that he has met all such requirements.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

**Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed \_\_\_\_\_ and the year covered \_\_\_\_\_.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By: \_\_\_\_\_ Address \_\_\_\_\_  
(Signature) (Title) City/State/Zip \_\_\_\_\_

YEAR 2011 EQUAL OPPORTUNITY POLICY

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

**EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

**SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with Ms./Mr. \_\_\_\_\_. Ms./Mr. \_\_\_\_\_ may be reached during weekdays at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

\_\_\_\_\_  
(Director or Chief Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**This Policy Statement must be posted in a conspicuous location.**

## **EXHIBIT D: CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS AND REFERENCES**

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**The purpose of this Civil Rights Compliance Plan (CRCP) Booklet is to explain the civil rights compliance requirements for profit and non-profit entities (agencies and organizations) wishing to file an application as part of the 2011 Milwaukee County Behavioral Health Request for Agreement) process. These requirements relate to Equal Opportunity (EO), Affirmative Action (AA) and Limited English Proficiency (LEP).**

Consistent with the requirements of the U. S. Department of Health and Human Services, the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency Plans. Entities are also required to include a Uniform Resource Locator (URL) that will provide direct access to CRCPs on the DWD or DHFS Internet Website.

In accordance with the State DWD and the DHFS under the requirements of the US Departments of Health and Human Services and Agriculture, a blank copy of the *CRCP for Profit and Non-Profit Entities* subtitled Affirmative Action, Equal Opportunity and Limited English Proficiency Plan, is available at:  
[http://www.dwd.state.wi.us/dws/civil\\_rights/cr0406/cr\\_plans.htm](http://www.dwd.state.wi.us/dws/civil_rights/cr0406/cr_plans.htm).

To access documents in a different format, please contact DWD at (608) 264-9820 or [mooreel@dwd.state.wi.us](mailto:mooreel@dwd.state.wi.us). Instructions are also available. If you have questions about the form you may contact Mr. David Duran, Civil Rights Compliance Officer of the DHFS Division of Management and Technology at (608) 266-9372, TTY (608) 266-2555 or [durand@dhfs.state.wi.us](mailto:durand@dhfs.state.wi.us), or William A. “Bill” Franks, Jr., Equal Opportunity Officer, DWD Division of Workforce Solutions at (608) 266-6889 or TTY (608) 864-4585.

For entities with 25 or more employees or \$25,000 worth of business funded by DWD or DHFS, a hard copy and electronic copy have to be on file with DWD and DHFS.

A hard copy of the CRCP Plan is due with your application

**The following attachments must be included with a copy of your CRCP Plan:**

- **Attachment 1 - the AA policy\*;**
- **Attachment 2 - up to three State Department of Administration forms related to Affirmative Action as required;**
- **Attachment 3 – the EO policy**

**\*Note:** The Wisconsin Office of Contract Compliance maintains a database that shows which entities have eligible and ineligible AA information on file.

Effective January 1, 2009 entities under a contract or agreement with the DHHS will be subject to audit for any and all items included in the Plan or attachments and/or a Letter of Assurance. The *Milwaukee County Department of Health and Human Services Administrative Probation Policy for Noncompliance with Contract and Fee-for-Service Requirements* is incorporated herein by reference and made a part of any contractual relationship with the DHHS. Entities that are not in compliance with the requirements of the CRCP Plan will be subject to the sanctions of the above policy.

It is the intention of the State Civil Rights Compliance Officer to post CRCP Plan acceptances and rejections on the DHFS and DWD websites later in the year. Please see the Plan instructions or contact the above noted State officials if you have any questions about the Plan itself. Some critical points of information are noted below.

1. Specify the funding source(s) of programs and services in the CRCP Plan related to your application.
2. Entities are required to disseminate AA/EO/LEP policies as listed in their Plan.
3. Entities are required to measure the LEP 5% Safe Harbors and thresholds reflected in the 2003 or January-June 2004 CRCP Plan with DHHS or a 2005 estimate if your agency did not have a contract in 2003 or 2004. The information must include the number and the percentage of disabled clients and persons who required, and were provided, translation services.
4. The DHHS is acting as equal opportunity (EO) and LEP liaison between the entity (contractor/provider), DWD or DHFS, and recipients or sub-recipients of federal financial participation as well as the community.
5. Entities are required to use the DWD/DHFS model discrimination Complaint Forms and Process, which is provided in Attachment 5 of this plan or Attachment 3 in the municipal version, including the translations required in accordance with the LEP Plan for vital documents.
6. The complaint resolution procedure, including the name, address and phone number of the complaint investigator, must be publicly posted in language(s) understood by customers, and must be in a format(s) accessible to persons with visual or hearing impairments.
7. All participants in complaint investigations are protected from retaliation.
8. Entities are required to acknowledge complaints received within 5 calendar days, including appeal rights. If extensions are needed, entities shall notify the complainant.
9. Entities are required to provide results of the complaint investigation to the complainant within 90 days of receipt of the complaint along with appropriate appeal rights.
10. Complaints must be filed within 180 days from the alleged discriminatory act, though filing times may be extended if deemed necessary by the DHHS.
11. Customers are permitted to have representatives of their choice during the complaint process.
12. Customer and Employee complainants are made aware of other avenues of redress for discrimination in service delivery or employment conditions.
13. Entities are required to maintain records of the service delivery and employment evaluation practices and process and make those records available to monitoring/audit staff.

14. Entities are required to review and summarize data on customers served within programs, services or activities.
15. Entities are required to assess representation by members of protected classes for boards, councils, volunteers and sub-grantees.
16. Entities are required to maintain files and reports of all complaints by name, address, date, nature, and investigation status.
17. Entities are required to utilize the DWD/DHFS model LEP Policy that is provided in Attachment 4 of the CRCP Plan, or Attachment 2 of the municipal plan, including the translations as required in accordance with the LEP Plan for vital documents.
18. Policies must be available in alternative formats upon request.
19. Entities are required to implement procedures for the resolution of complaints regarding language assistance.
20. Entities are required to utilize EO discrimination complaint grievance procedures for alleged discrimination complaints and/or grievances involving language access.
21. Entities falling beneath the funding or employment criteria mentioned above are required to sign and return Attachment 6 of the CRCP Plan, or Attachment 4 of the municipal plan - the DWD and DHFS Letter of Assurance for Civil Rights Compliance.
22. Entities are required to retain LEP information as part of their database.
23. Entities are required to develop and maintain subcontracts in accordance with DWD and DHFS contract requirements.
24. Subcontractors are required to incorporate State AA/EO/LEP language into subcontracts.
25. Entities are required to review and approve subcontractors' plans in accordance with the requirements of subcontract time periods, and monitor subcontractor compliance.
26. Entities are required to investigate all employee, subcontractor, applicant and participant CRCP Plan complaints.
27. Entities are required to provide training, tools and technical assistance to subcontractors.